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FACSIMILE TRANSMISSION COVER SHEETPLEASE DELIVER TO:

NAME: Examiner Justin E. Shepard/Art Unit 2617
FAX TELEPHONE NO. 571.273.8300
MESSAGE SENT BY: Daniel C. Crilly, Esq.
DATE: June 15, 2006
PAGES: (including cover)....24
MESSAGE: Please see attached Transmittal Form (1 page); Fee Transmittal (1 page); Request for Extension of Time (1 page) and Amendment under 37 C.F.R. § 1.111 (20 pages) in connection with U.S. Appl. Serial No. 09/905,196. Thank you.

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PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

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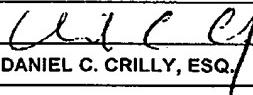
24

Application Number	09/905,196
Filing Date	July 13, 2001
First Named Inventor	Allen Brett Cramer
Art Unit	2617
Examiner Name	Justin E. Shepard
Attorney Docket Number	7411-01851

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	BRINKLEY, MCNERNEY, MORGAN, SOLOMON & TATUM, LLP		
Signature			
Printed Name	DANIEL C. CRILLY, ESQ.		
Date	June 15, 2006	Reg. No.	38,417

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Signature	
Typed or printed name	Chrisselide Mendez
Date	June 15, 2006

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<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2006		Application Number	09/905,196
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 13, 2001
TOTAL AMOUNT OF PAYMENT (\$ 785		First Named Inventor	Allen Brett Cramer
		Examiner Name	Justin E. Shepard
		Art Unit	2617
		Attorney Docket No.	7411-01851

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 50-1111 Deposit Account Name: Brinkley, McNerney et al.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)	<input checked="" type="checkbox"/> Credit any overpayments
under 37 CFR 1.16 and 1.17	

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	Fee (\$)	Fee (\$)
50	25	

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	Fee (\$)	Fee (\$)
200	100	

Multiple dependent claims	Fee (\$)	Fee (\$)
360	180	

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
42	- 20 or HP = 7	x 25	= 175	Fee (\$)	Fee (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	- 3 or HP = 1	x 100	= 100

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Claims	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Three month Extension of Time fee _____

Fee Paid (\$)

510

SUBMITTED BY

Signature	<i>Daniel C. Crilly</i>	Registration No. 38,417 (Attorney/Agent)	Telephone (954) 522-2200
Name (Print/Type)	Daniel C. Crilly, Esq.		Date June 15, 2006

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